
PEACE VALLEY TELEPHONE COMPANY, INC.

7101 State Route W
P.O. Box 9
Peace Valley, MO 65788

PH. (417) 277-5550 Fax (417) 277-5885 Email: pvtelco@pvtelephone.com
Maurice Bosserman, President Clara Norsworthy, Office Manager
Kelly Bosserman, Vice-Pres., Regulatory Affairs

REDACTED—FOR PUBLIC INSPECTION

Received & Inspected

June 25, 2014

JUN 30 2014

Marlene H. Dortch, Commission's Secretary
Office of the Secretary,
Federal Communications Commission
445 12th Street, SW, Suite TW-A225
Washington, DC 20554

FCC Mail Room

Re: Peace Valley Telephone Co., Inc./ SAC 421936
WC Docket Numbers 10-90; 11-42
481 Filing—Line 3026
Confidential Financial Information Attachment

Dear Ms. Dortch:

Please find enclosed, two copies of Peace Valley Telephone's 481 with redacted attachments concerning confidential financial information, which can be released to the public. The two copies should meet the requirements of the protective order, as I have sent the one copy of the non-redacted attachment to you under separate cover letter.

If you require anything further, please let me know.
Thank you.

My Best Regards,


Kelly Michael Bosserman, ESQ

No. of Copies rec'd _____
List ABCDE _____

FCC Form 481 - Early Annual Reporting Data Collection Form		2015 Form 481 Due Date: 06/30/2015 481-001-0000
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<010> Study Area Code	421936
<015> Study Area Name	PEACE VALLEY TEL CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Kelly Michael Bosserman
<035> Contact Telephone Number: Number of the person identified in data line <030>	4172775550 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	kbosserman@hotmail.com

Received & Inspected

JUN 30 2014

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS	2015 Form 481 Due Date: 06/30/2015 481-001-0000
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		(check box when complete)	
		Complete	Inspected
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 300px;"></div> 421936mo510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 300px;"></div> 421936mo610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 300px;"></div> 421936mo1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

200 Service Outage Reporting (Voice)
Data Collection Form
Release Date: 06/06/2013, Version: 3.0.0, Page 18 of 22

<010>	Study Area Code	421936
<015>	Study Area Name	PEACE VALLEY TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kelly Michael Bosserman
<035>	Contact Telephone Number - Number of person identified in data line <030>	4172775550 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

[illegible]

(60) *Pa-Contingency (yudu)* *Volcanic* *Contingency*

Data Collection Form

<010>	Study Area Code	421936
<015>	Study Area Name	PEACE VALLEY TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kelly Michael Bosserman
<035>	Contact Telephone Number - Number of person identified in data line <030>	4172775550 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

739] Broadband and High-Speed
Data Collection

Abstract

<010>	Study Area Code	421936
<015>	Study Area Name	PEACE VALLEY TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kelly Michael Bosserman
<035>	Contact Telephone Number - Number of person identified in data line <030>	4172775550 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

<711>

[illegible]

800 Operator Complaints:	1/1/2000 - 3/31/2000
Data Collection Form	1/1/2000 - 3/31/2000
	14, 19

<010>	Study Area Code	421936
<015>	Study Area Name	PEACE VALLEY TEL CO
<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

<810>	Reporting Carrier	Peace Valley Telephone Co., Inc.
<811>	Holding Company	NA
<812>	Operating Company	Peace Valley Telephone Co., Inc.

[illegible]

900 Tribal Lands Reporting
Data Collection Form

<010>	Study Area Code	421936
<015>	Study Area Name	PEACE VALLEY TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kelly Michael Bosserman
<035>	Contact Telephone Number - Number of person identified in data line <030>	4172775550 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

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Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) Includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

[illegible]

(1100) No Terrestrial Backhaul Reporting

Data Collection Form

<010>	Study Area Code	421936
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<030>	Contact Name - Person USAC should contact regarding this data	Kelly Michael Bosserman
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

Please check this box to confirm no terrestrial backhaul
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Conditions of Lifeline Customer
 Lifeline
 Data Collection Form

<010>	Study Area Code	421936
<015>	Study Area Name	PEACE VALLEY TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kelly Michael Bosserman
<035>	Contact Telephone Number - Number of person identified in data line <030>	4172775550 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

421936m01210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



(2009) FCC Form 477 (Additional Document Listing)	
BUREAU OF UNIVERSAL SERVICE	
NATIONAL BUREAU OF TELECOMMUNICATIONS INFORMATION	

<010>	Study Area Code	421936
<015>	Study Area Name	PEACE VALLEY TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kelly Michael Bosserman
<035>	Contact Telephone Number - Number of person identified in data line <030>	4172775550 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document Listing Required Information

FD-300 (Rev. 07-2006) (Instructions on back of form)

OMB No. 3045-0047

<010> Study Area Code 421936
 <015> Study Area Name PEACE VALLEY TEL CO
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Kelly Michael Bosserman
 <035> Contact Telephone Number - Number of person identified in data line <030> 412775550 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> kbosserman@hotmail.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

- (3014) If yes, does your company file the RUS annual report

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☒

- (3023) Underlying information subjected to a review by an independent certified public accountant

☒

- (3024) Underlying information subjected to an officer certification.

☒

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

421936mo3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



<010> Study Area Code	421936
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<039> Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	PEACE VALLEY TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date
Printed name of Authorized Officer:	Kelly Bosserman
Title or position of Authorized Officer:	Vice President
Telephone number of Authorized Officer:	4172775550 ext.
Study Area Code of Reporting Carrier:	421936 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010> Study Area Code	421936
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<039> Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

<010>	Study Area Code	421936
<015>	Study Area Name	PEACE VALLEY TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kelly Michael Bosserman
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<039>	Contact Email Address - Email Address of person identified in data line <030>	kbosserman@hotmail.com

<711>

[illegible]

**Peace Valley Telephone Company
("Peace Valley" or "Company")
FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN
Due July 1, 2014
Study Area Code 42-1936**

INTRODUCTION

OVERVIEW

IMPROVEMENT PLANS BY YEAR (2015-2019 inclusive)

COMPANY FACTS/HISTORY/BACKGROUND INFORMATION

Voice Service

Broadband Service

Reasonable Request

Middle Mile

Anchor Institutions

SUMMARY DISCUSSION OF PLANS BY YEAR (2015 – 2019)

2015

2016

2017

REDACTED—FOR PUBLIC INSPECTION

2018

2019

REDACTED—FOR PUBLIC INSPECTION

PEACE VALLEY TELEPHONE'S MAP WITH THE FIVE YEAR PLAN HAS BEEN
REDACTED FOR PUBLIC INSPECTION

PEACE VALLEY TELEPHONE NETWORK IMPROVEMENT PROJECTS 2015

REDACTED--FOR PUBLIC INSPECTION

WIRE CENTER NAME	DESCRIPTION of IMPROVEMENT	COST ESTIMATE	REGULATED % ALLOCATION	AMOUNT IN USF SUPPORT AREA	% VOICE	ALLOCATED VOICE	% BROADBAND	ALLOCATED BROADBAND	AREA IMPACTED	POPULATION IMPACTED	TARGET COMPLETE DATE	ACTUAL COMPLETE DATE	Notes
A	B	C	D	E=C*D	F	E*F	H	E*H	square miles	***	***	***	
Peace Valley													
	TOTALS	\$0		\$0		\$0		\$0					
Repairs and Maintenance Expenses													
	TOTALS, including Repairs and Maintenance												

NOTES

PEACE VALLEY TELEPHONE NETWORK IMPROVEMENT PROJECTS 2016
REDACTED--FOR PUBLIC INSPECTION

WIRE CENTER NAME	DESCRIPTION of IMPROVEMENT	COST ESTIMATE	REGULATED % ALLOCATION	AMOUNT IN USE SUPPORT AREA	% VOICE	ALLOCATED VOICE	% BROADBAND	ALLOCATED BROADBAND	AREA IMPACTED	POPULATION IMPACTED	TARGET COMPLETE DATE	ACTUAL COMPLETE DATE	Notes
A	B	C	D	E=C*D	F	E*F	H	E*H	***	***	***	***	
Peace Valley				\$0		\$0		\$0					
	TOTALS	\$0		\$0		\$0		\$0					
	Repairs and Maintenance Expenses	\$0		\$0		\$0		\$0					
	TOTALS, Including Repairs and Maintenance	\$0		\$0		\$0		\$0					

NOTES

PEACE VALLEY TELEPHONE NETWORK IMPROVEMENT PROJECTS 2017
REDACTED--FOR PUBLIC INSPECTION

WIRE CENTER NAME	DESCRIPTION of IMPROVEMENT	COST ESTIMATE	REGULATED % ALLOCATION	AMOUNT IN USF SUPPORT AREA	% VOICE	ALLOCATED VOICE	% BROADBAND	ALLOCATED BROADBAND	AREA IMPACTED	POPULATION IMPACTED	TARGET COMPLETE DATE	ACTUAL COMPLETE DATE	Notes
A	B	C	D	E=C*D	F	E*F	H	E*H	***	***	***	***	
Peace Valley				\$0		\$0		\$0					
	TOTALS	\$0		\$0		\$0		\$0					
	Repairs and Maintenance Expenses	\$0		\$0		\$0		\$0					
	TOTALS, including Repairs and Maintenance	\$0		\$0		\$0		\$0					

NOTES

PEACE VALLEY TELEPHONE NETWORK IMPROVEMENT PROJECTS 2018
REDACTED--FOR PUBLIC INSPECTION

WIRE CENTER NAME	DESCRIPTION of IMPROVEMENT	COST ESTIMATE	REGULATED % ALLOCATION	AMOUNT IN USF SUPPORT AREA E=C*D	% VOICE F	ALLOCATED VOICE E*F	% BROADBAND H	ALLOCATED BROADBAND E*H	AREA IMPACTED ***	POPULATION IMPACTED ***	TARGET COMPLETE DATE ***	ACTUAL COMPLETE DATE ***	Notes
A	B	C	D	E=C*D	F	E*F	H	E*H	***	***	***	***	
Peace Valley													
	TOTALS	\$0		\$0		\$0		\$0					
	Repairs and Maintenance Expenses	\$0		\$0		\$0		\$0					
	TOTALS, Including Repairs and Maintenance	\$0		\$0		\$0		\$0					

NOTES

PEACE VALLEY TELEPHONE NETWORK IMPROVEMENT PROJECTS 2019
REDACTED--FOR PUBLIC INSPECTION

WIRE CENTER NAME	DESCRIPTION of IMPROVEMENT	COST ESTIMATE	REGULATED % ALLOCATION	AMOUNT IN USE SUPPORT AREA	% VOICE	ALLOCATED VOICE	% BROADBAND	ALLOCATED BROADBAND	AREA IMPACTED	POPULATION IMPACTED	TARGET COMPLETE DATE	ACTUAL COMPLETE DATE	Notes
A	B	C	D	E=C*D	F	E*F	H	E*H	***	***	***	***	
Peace Valley				\$0		\$0		\$0					
	TOTALS	\$0		\$0		\$0		\$0					
	Repairs and Maintenance Expenses	\$0		\$0		\$0		\$0					
	TOTALS, Including Repairs and Maintenance	\$0		\$0		\$0		\$0					

NOTES

Line 610—§54.313(a)(6)-ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Ability to Function in Emergency Situations Annual Certification

I am authorized to provide this certification on behalf of the Company. I hereby certify that the Company is capable of functioning in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality without an external power source, including but not limited to battery power, generator power and back-up generator power; is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. However, Peace Valley Telephone has no fiber ring and only one fiber cable into the switch, therefore there can be no re-routing around any damage in this portion of the cable from our switch to where it connects with CenturyLink three miles away. It is cost prohibitive to plan otherwise. We have a disaster relief manual which outlines the procedures for contacting people and agencies and who is in charge of what responsibilities on behalf of our company.

[illegible]

mo4219361010

As evidenced by the data provided in line 700 of this Form 481 (showing a \$14.00/mo local rate), Peace Valley's voice service pricing is no more than two standard deviations below the national average urban rate (46.96) as announced by the Wireline Competition Bureau on March 20, 2014 (DA 14-384).

Peace Valley Telephone Company (Peace Valley)

SAC 421936

Missouri

FCC Form 481 - Line 1210

Description of Lifeline Terms and Conditions

- 1) See below for Peace Valley's Customer Application for Lifeline customers.
- 2) See below for the applicable pages from Peace Valley's local tariff explaining the terms and conditions for Lifeline service.
- 3) All of Peace Valley's Lifeline customers receive unlimited local calling minutes.
- 4) Peace Valley provides toll calling equal access for all Lifeline customers to interexchange carriers (IXCs). The rates, terms and conditions of their toll carrier offerings are made by the IXCs, not by Peace Valley.

Peace Valley Telephone Company
of Peace Valley, Missouri

P.S.C. MO. NO. 1
7th Revised Sheet No. 4.1
Cancels 6th Revised Sheet No. 4.1

LIFELINE SERVICE

A. General Regulations

1. Lifeline service is available to qualifying low-income subscribers for single-party residence service.
2. The monthly discount will be the maximum amount allowed by the Missouri Public Service Commission and the Federal Communications Commission; however, this discount will not exceed the sum of the federal subscriber line charge and the recurring charges for voice telephony service. The monthly discount will be the same for Lifeline customers solely subscribing to voice telephony service and for Lifeline customers subscribing to a bundle of services.
3. Lifeline will not be furnished on a Foreign Exchange service.
4. Lifeline service shall not be disconnected for non-payment of toll charges.
5. Toll blocking provides a means of restricting access to the Long Distance Message Telecommunications Network. Toll blocking for the purposes of lifeline service will restrict 1+, 0+ and 0- (operator handled) calls.
 - a. If the customer chooses "toll blocking" the company will not charge a service deposit.
 - b. Toll blocking is offered to Lifeline subscribers at no charge.

*Indicates new rate or text
+Indicates change

Issued: March 28, 2012

Maurice Bosserman
Peace Valley Telephone Co.
Peace Valley, MO 65788

Effective: April 27, 2012

FILED
Missouri Public
Service Commission
JI-2012-0527

Peace Valley Telephone Co., Inc.

Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$12.75 The Disabled program offers a \$3.50 monthly discount. To apply complete this form and also submit proof of eligibility.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid)	<input type="checkbox"/> Veteran Administration Disability Benefits
<input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps)	<input type="checkbox"/> State Blind Pension
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> State Aid to Blind Persons
<input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP)	<input type="checkbox"/> State Supplemental Disability Assistance
<input type="checkbox"/> Federal Public Housing Assistance (Section 8)	<input type="checkbox"/> Federal Social Security Disability
<input type="checkbox"/> National School Free Lunch Program	<input type="checkbox"/> Federal Supplemental Security Income
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> 135% of the Federal Poverty Level (See next page for income threshold requirements)	

Applicant's Full Name:		Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):			Customer Contact Telephone Number:	
Customer's Full Residential Service Address (no P.O. Boxes): Street:			Is this address a temporary address? Yes / No (circle the appropriate response) (If "yes" then must verify address every 90 days.)	
City, Town, Zip:				
Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "no" please provide billing address):				

*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

_____ I certify I have _____ individuals in my household.
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

Signature of Customer

Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,755	\$21,236	\$26,717	\$32,198	\$37,679	\$43,160	\$48,641	\$54,122	+ \$5,481/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:

I hereby attest the applicant presented acceptable proof of eligibility.

Print name of company official

Signature

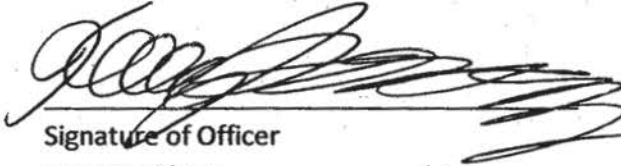
Date

Peace Valley Telephone Co., Inc.

Annual Reporting for High-Cost Recipients 47 C.F.R. §54.313(a)(2) through (a)(6) and
(h) Peace Valley Telephone Company

Line 3024—OFFICER CERTIFICATION/ MANAGEMENT STATEMENT REGARDING FINANCIAL DOCUMENTS

I am authorized to provide this certification on behalf of the Company. I hereby certify that the 2013 financial statements were not audited in the ordinary course of business but were reviewed by me and they are accurate. The CPA reviewed financial statements are attached for 2013. I have also completed the worksheet forms for the 481 containing the financial information.



Signature of Officer
Vice President

Kelly Bosserman

Printed Name of Officer

Title of Officer

6/24/14

Date

PEACE VALLEY TELEPHONE COMPANY

PEACE VALLEY, MISSOURI

INDEPENDENT ACCOUNTANT'S REVIEW REPORT AND FINANCIAL STATEMENTS

For the Year Ended December 31, 2013

DEIDIKER Accounting & Consulting, LLC

Certified Public Accountants
DEIDIKER ACCOUNTING BUILDING
542 Bratton Avenue
West Plains, MO 65775

PEACE VALLEY TELEPHONE COMPANY

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DEIDIKER
ACCOUNTING & CONSULTING, LLC
Certified Public Accountants
DEIDIKER ACCOUNTING BUILDING
542 BRATTON AVENUE
WEST PLAINS, MO 65775
417 255-1128
FAX 417 255-2568
Mobile 417 293-4444

Independent Accountant's Review Report

Board of Directors
Peace Valley Telephone Company

We have reviewed the accompanying balance sheet of Peace Valley Telephone Company as of December 31, 2013, and the related statements of income, cash flows and stockholders' equity for the year then ended. A review includes primarily of applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance the Federal Communications Commission's Uniform System of Account's accounting principles and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modification that should be made to the accompanying financial statements in order for them to be in conformity with the Uniform System of Accounts accounting principles as described in Note 1.

DEIDIKER, Accounting & Consulting, LLC

DEIDIKER, Accounting & Consulting, LLC
Certified Public Accountants
June 20, 2014

PEACE VALLEY TELEPHONE COMPANY

Balance Sheet
December 31, 2013

ASSETS

Current Assets:

Cash on Hand
Accounts Receivable
Accounts Receivable-Group D
Temporary Investments

Total Current Assets

Plant, Property, and Equipment:

Buildings and Land
Motor Vehicles
Office Equipment
Digital Equipment
Circuit Equipment
Buried Cable

Total Property, Plant, and Equipment

Accumulated Depreciation

Total Property, Plant, and Equipment-Net Depreciation

Other Assets:

Cash Bosserman Electric
Community Center
Bossermen Electric Acct. Receivable
USAC Credit
Prepaid Taxes
Mousf

Total Other Assets

TOTAL ASSETS

LIABILITIES & STOCKHOLDER'S EQUITY

Current Liabilities

State Payroll Tax
Federal Sales Tax
State Sales Tax

Total Current Liabilities

Stockholder's Equity

Capital
Retained Earnings
Dividends

Total Stockholder's Equity

TOTAL LIABILITIES AND STOCKHOLDER EQUITY

The accompanying notes are an integral part of this financial statement

PEACE VALLEY TELEPHONE COMPANY

Statement of Income
Fiscal Year Ended December 31, 2013

	<u>Regulated</u>	<u>Non-Regulated</u>	<u>Total</u>
REVENUES:			
Total Network Access	[REDACTED]	[REDACTED]	[REDACTED]
Internet Income	[REDACTED]	[REDACTED]	[REDACTED]
Local Network Service	[REDACTED]	[REDACTED]	[REDACTED]
DSL Regulated Income	[REDACTED]	[REDACTED]	[REDACTED]
Custom Work Income	[REDACTED]	[REDACTED]	[REDACTED]
Non-Regulated Income-other	[REDACTED]	[REDACTED]	[REDACTED]
Interest Income	[REDACTED]	[REDACTED]	[REDACTED]
Community Center Rent	[REDACTED]	[REDACTED]	[REDACTED]
Special Billed Revenue	[REDACTED]	[REDACTED]	[REDACTED]
Socket Rent	[REDACTED]	[REDACTED]	[REDACTED]
Long Distance Network	[REDACTED]	[REDACTED]	[REDACTED]
Uncollectibles	[REDACTED]	[REDACTED]	[REDACTED]
Uncollectibles-Group D	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL REVENUES	[REDACTED]	[REDACTED]	[REDACTED]
	<u>Regulated</u>	<u>Non-Regulated</u>	<u>Total</u>
EXPENSES:			
Cable and Wire Facilities	[REDACTED]	[REDACTED]	[REDACTED]
General and Administration	[REDACTED]	[REDACTED]	[REDACTED]
Central Office	[REDACTED]	[REDACTED]	[REDACTED]
Internet Expense	[REDACTED]	[REDACTED]	[REDACTED]
General Support	[REDACTED]	[REDACTED]	[REDACTED]
Labor	[REDACTED]	[REDACTED]	[REDACTED]
Taxes	[REDACTED]	[REDACTED]	[REDACTED]
Special Charges	[REDACTED]	[REDACTED]	[REDACTED]
Community Center Expense	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL EXPENSES	[REDACTED]	[REDACTED]	[REDACTED]
NET INCOME FOR THE YEAR			[REDACTED]

The accompanying notes are an integral part of this financial statement

PEACE VALLEY TELEPHONE COMPANY

Statement of Cash Flows
Fiscal Year Ended December 31, 2013

Cash Flows from Operating Activities

Cash Received from Customers
Net Income

Cash Paid

State Payroll Tax
Federal Sales Tax
State Sales Tax

Net Cash Provided (Used) by Operating Activities

Cash Flows from Investing Activities

Bosserman Cash
Temporary Investment
Long Term Investments
Accounts Receivable
Accounts Receivable- Group D
Lifeline
Mousf
Bosserman Electric A/R
Digital Electronics
Circuit Equipment
Buried Cable
Depreciation
USAC Credit

Net Cash Flows Provided (Used) by Investment Activities

Cash Flows from Financing Activities

Retained Earnings

Net Cash Flows Provided (Used) by Financing Activities

Net Increase (Decrease) in Cash

Cash- Beginning of Year

Cash- End of Year

The accompanying notes are an integral part of this financial statement